

900 N. MICHIGAN SURGERY CENTER

**PRIVILEGE REQUEST FORM
HAND SURGERY**

I am applying for the following privileges of which I am also currently credentialed at _____,
an Illinois hospital.

REQUESTED	GRANTED	PROCEDURE
_____	_____	Skin Repair:
_____	_____	Graft, skin
_____	_____	Flap, skin
_____	_____	Flap, multiple tissue/muscle
_____	_____	Insertion tissue expander
_____	_____	Fingertip injuries
_____	_____	Tendon Repair:
_____	_____	Flexor
_____	_____	Implantation of rod
_____	_____	Extensor
_____	_____	Tenolysis/tenodesis
_____	_____	Nerve Repair:
_____	_____	Major
_____	_____	Digital
_____	_____	Graft
_____	_____	Neurolysis
_____	_____	Surgical treatment of neuroma
_____	_____	Decompressions
_____	_____	Fractures and Dislocations:
_____	_____	Phalangeal/metacarpal with/without internal fixation
_____	_____	Wrist/radius/ulna with/without internal fixation
_____	_____	Grafts, bone
_____	_____	Joints and Tendon Sheath:
_____	_____	Trigger finger release

MAGNA HEALTH SYSTEMS, LLC

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REQUESTED	GRANTED	PROCEDURE
_____	_____	Tumors:
_____	_____	Benign, including cysts
_____	_____	Malignant
_____	_____	Other:
_____	_____	Dupuytren's release
_____	_____	Amputations: finger/thumb, and joint only
_____	_____	Fasciotomy
_____	_____	Syndactyly
_____	_____	Incision and drainage
_____	_____	Foreign body, implant removal
_____	_____	Debridement
_____	_____	Other (Please Specify):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Practitioner's Signature Print Name Date

Medical Director Approval, 900 N. Michigan Surgical Center Date

Governing Body Approval Date